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Application Serial Number	09/338,063
Filing Date	June 23, 1999
First Named Inventor	Goto et al.
Group Art Unit	1644
Examiner Name	Ewoldt, G.
Attorney Docket No.	FJN-060DV2 (3999/63)
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Three-Month Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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SIGNATURE BLOCK

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Respectfully submitted,

Ronda P. Moore, D.V.M.
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 Attorney for Applicants
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 125 High Street
 Boston, MA 02110


**FEE TRANSMITTAL
FY 2001**

Complete if Known

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METHOD OF PAYMENT		FEE CALCULATION (continued)																					
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES																					
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)																				
3. <input type="checkbox"/> Applicant claims small entity status.		Fee Description	Fee Paid																				
FEE CALCULATION																							
1. FILING FEE																							
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<p style="text-align: center;">2. AMENDMENT CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Indep.</td> <td>- - =</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>=</td> <td>x \$ 80.00 =</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>+ \$270.00 =</td> <td></td> <td></td> </tr> </tbody> </table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total Indep.	- - =	=	x \$ 18.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim		=	x \$ 80.00 =				+ \$270.00 =		
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Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted, <i>Ronda P. Moore, D.V.M.</i> Ronda P. Moore, D.V.M. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110</p>																					